Centers for Disease Control and Prevention

NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION

National HIV Behavioral Surveillance (NHBS)

CDC-RFA-PS22-2201

08/02/2021

Table of Contents

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-PS22-2201. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

National HIV Behavioral Surveillance (NHBS)

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

New

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS22-2201

E. Assistance Listings Number:

93.944

F. Dates:

1. Due Date for Letter of Intent (LOI):

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

Recommended but not Required
The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. An LOI is requested from eligible applicants for either Component 1 or Component 2 with no previous experience conducting NHBS.
LOI must be sent via email to:
Kathryn Lee, Project Officer
Centers for Disease Control and Prevention
Email: NHBS@cdc.gov

2. Due Date for Applications:
08/02/2021
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
June 09, 2021
An informational conference call will be held from 1:30p-3:00p EDT. Please refer to https://www.cdc.gov/hiv/funding/announcements/ps22-2201/index.html for additional information about the call.

To join ZoomGov Meeting:
https://cdc.zoomgov.com/j/1606950276?pwd=TXpiSjRTSThkeG5pZGUySlhQZTRuZz09

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
Meeting ID: 160 695 0276
Passcode: 31489099

Questions can also be directed to NHBS@cdc.gov.

F. Executive Summary:

Summary Paragraph
The purpose of National HIV Behavioral Surveillance (NHBS) is to conduct bio-behavioral surveillance among populations overburdened by HIV infections. In Component 1, surveillance will be conducted in rotating cycles among three populations: men who have sex with men (MSM), persons who inject drugs (PWID), and heterosexually active persons at increased risk (referred to as NHBS-MSM, NHBS-PWID, and NHBS-HET, respectively). Surveillance will be conducted in a specified metropolitan statistical area (MSA). In Component 2, surveillance will be conducted through Brief HIV Bio-behavioral Assessments (BHBAs). Funded applicants for Component 2 will conduct at least two mixed-methods assessments in at least two priority populations in specified geographic areas of interest per year across the state.

Applicants may only apply for either Component 1 or Component 2.

This NOFO will fund recipients for required NHBS strategies and activities related to recruitment and data collection, data management and dissemination, quality assurance, and collaboration.

The short-term aim is for state and local partners to use NHBS data to measure prevention, testing, and treatment, to guide the development and strengthening of these efforts, and to inform prevention policy. The long-term use of NHBS data will improve HIV prevention, response, and testing and treatment services for and reduce HIV incidence among populations overburdened by HIV infections.

a. Eligible Applicants:
Open Competition

b. NOFO Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
30
Subject to the availability of funds, up to 30 awards:

- Up to 25 awards for Component 1 (Core NHBS)
- Up to 5 awards for Component 2 (NHBS BHBAs)

d. Total Period of Performance Funding:
$ 97,750,000

e. Average One Year Award Amount:
$ 0

- Component 1 (Core NHBS):
  - REQUIRED: $470,000 (NHBS-PWID)
  - OPTIONAL: $150,000 (Viral hepatitis testing in NHBS-PWID), $250,000 (NHBS among Transgender Women), $250,000 (NHBS among Women who Exchange Sex)
- Component 2 (NHBS BHBAs): $450,000

f. Total Period of Performance Length:
5

g. Estimated Award Date:
January 01, 2022

h. Cost Sharing and / or Matching Requirements:
No
Cost sharing or matching funds are not required for this program.

Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

For almost 40 years, HIV has been affecting millions globally. According to CDC, by the end of 2018 an estimated 1.2 million persons aged 13 years and older were living with diagnosed or undiagnosed HIV infection in the U.S. with an estimated 36,400 new infections each year. [1] The burden of HIV infection is disproportionately concentrated among a few populations. Of HIV infections diagnosed in 2018 and reported to CDC, 66% were attributed to male-to-male sexual contact, 24% were attributed to heterosexual contact, and 7% were attributed to injection drug use. [2] This NOFO will improve HIV prevention, response, testing, and treatment services and ultimately aid in reducing HIV incidence among populations overburdened by HIV infections through essential data obtained in continuation of NHBS. NHBS is the nation's only source of national data monitoring HIV-related behaviors among populations overburdened by HIV infections.

Monitoring key indicators among members of populations overburdened by HIV infections is critical to achieving the goals of the *Ending the HIV Epidemic: A Plan for America* initiative and CDC's High Impact Prevention (HIP) approach. [3, 4] NHBS has previously proven effective at monitoring key indicators such as risk behaviors, HIV testing and linkage to care, access to and use of prevention interventions including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs), and prevalence of HIV and other infections.

In Component 1, bio-behavioral surveillance, including anonymous HIV testing, will be conducted in rotating cycles among three populations: men who have sex with men (MSM), persons who inject drugs (PWID), and heterosexually active persons at increased risk (referred to as NHBS-MSM, NHBS-PWID, and NHBS-HET, respectively). Surveillance will be conducted in a specified MSA. In Component 2, surveillance will be conducted through Brief HIV Bio-behavioral Assessments (BHBAs). Funded applicants for Component 2 will conduct at least two mixed-methods assessments in at least two priority populations overburdened by HIV infections in specified geographic areas of interest per year across the state.

In addition to required strategies and activities, some additional activities may be funded under each Component.
Component 1 only: If funds are available, recipients may be funded to conduct surveillance in up to two additional Optional Populations: transgender women (NHBS-Trans) and women who exchange sex (NHBS-WES).

Components 1 and 2: Funds may also be available to conduct up to two Optional Activities: anonymous sexually transmitted infections (STI) testing and anonymous viral hepatitis testing.

Applicants shall describe their interest in including any Optional Populations or Optional Activities in their Project Narrative to be considered for additional funding, if funds are available.

NHBS is a robust surveillance platform that allows CDC to monitor progress towards decreased prevalence of HIV-related risk behaviors and other relevant infections such as sexually transmitted infections (STIs) and hepatitis viruses. NHBS methods have been adapted to reach new populations overburdened by HIV infections in geographic areas of interest. [5] Groups such as transgender women (persons assigned male at birth who identify at least in part as

women or transgender women) and women who exchange sex have also been surveyed through NHBS.

b. Statutory Authorities
This program is authorized under Section 318(c) of the Public Health Service Act [42 U.S.C. Section 247c(c)], as amended.

c. Healthy People 2030
This NOFO aligns with the following Healthy People 2030 objectives for HIV prevention:

- Reduce the number of HIV infections (HIV-01)
- Increase knowledge of HIV status (HIV-02)
- Reduce the number of new HIV diagnoses (HIV-03)
- Increase linkage to HIV medical care (HIV-04)

The topic area of Sexually Transmitted Infections will also be supported.

d. Other National Public Health Priorities and Strategies
Ending the HIV Epidemic: A Plan for America
National HIV/AIDS Strategy: Update 2020
CDC Division of HIV/AIDS Prevention Strategic Plan 2017-2020
CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Strategic Plan Through 2020

e. Relevant Work
This NOFO builds upon the work of four previous National HIV Behavioral Surveillance (NHBS) NOFOs (PA 04-017, PS08-001, PS11-001 and PS16-1601).

Findings from NHBS are used to guide local and national HIV prevention programs and to evaluate existing programs and services by assessing exposure to and use of prevention services over time, and to determine gaps in provision of, access to or use of HIV prevention services. The prevalence of HIV-related behaviors can be used to target testing, response, treatment and other prevention efforts and to evaluate uptake of current HIV testing and other prevention guidelines. Additional information can be found at http://www.cdc.gov/hiv/statistics/systems/nhbs.

2. CDC Project Description

a. Approach
Bold indicates period of performance outcome.

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Component 1: Core NHBS (Required cycles: men who have sex with men (MSM), persons who inject drugs (PWID), heterosexually active persons at increased risk for HIV (HET);	**Improved ability to measure prevalence of HIV-related behaviors, use of services, HIV infection, and other relevant health**	**Improved monitoring of HIV-related behaviors through an ongoing and adaptable HIV bio-**	Improved HIV prevention, response, testing and treatment services for populations overburdened by HIV infections

Optional Populations: transgender women, women who exchange sex) **1) Preparation:** Conduct formative assessment and pre-implementation activities **2) Recruitment and Data Collection:** Recruit populations overburdened by HIV infections; conduct standardized surveys; and offer anonymous blood-based HIV testing. **3) Data Management and Dissemination:** Ensure HIV data security and confidentiality and manage, submit, analyze and disseminate data. **4) Quality Assurance:** Conduct quality assurance activities and evaluate NHBS strategies and methods **5) Collaboration:** Collaborate with partners and stakeholders to conduct NHBS; share findings and promote data use; and ensure participant referrals to prevention, health, and social services **Core NHBS Optional Activities:** Conduct anonymous sexually transmitted infections (STI) testing and/or anonymous viral hepatitis testing	**outcomes** **High-quality locally and nationally relevant data for resource allocation and evaluation of HIV prevention, testing and treatment efforts** **Increased dissemination of data and recipient-developed recommendations to key stakeholders** **Improved information on methods to reach populations overburdened by HIV infections** **New or enhanced collaboration among federal, state and local partners responsible for HIV prevention, response, testing and treatment**	**behavioral surveillance system** Improved ability to detect changes over time in HIV risk behaviors among populations overburdened by HIV infections Increased use of data to develop effective HIV prevention, response, testing and treatment activities Increased use of data to evaluate HIV prevention, response, testing and treatment activities Improved ability to reach populations overburdened by HIV	Reduced HIV incidence among populations overburdened by HIV infections

Component 2: NHBS Brief HIV Bio-behavioral Assessments (BHBA, Brief mixed-methods needs-based assessments across state) **1) Preparation:** Conduct statewide assessment and establish community partnerships to support project **2) Pre-Implementation Activities:** Hire and train local staff; collaborate with stakeholders on project development and participant referrals to prevention, health, and social services; and conduct and analyze formative assessment **3) Data Collection:** Collect quantitative bio-behavioral data through brief standardized surveys and anonymous blood-based HIV testing and conduct rapid qualitative assessments **4) Analysis, Interpretation, and Dissemination:** Analyze and triangulate quantitative and qualitative data; collaborate with stakeholders to disseminate findings; and update statewide assessment of data as needed **5) Data Management and Quality Assurance:** Ensure HIV data security and confidentiality; manage and submit data; conduct quality assurance and control activities; and evaluate BHBA strategies **NHBS BHBA Optional Activities:** Conduct anonymous STI testing and/or anonymous viral hepatitis testing		infections	

i. Purpose

The purpose of this NOFO is to support ongoing national bio-behavioral surveillance to monitor HIV-related behaviors, detect changes over time in HIV risk behaviors among populations overburdened by HIV infections, and to inform and evaluate HIV prevention activities. This NOFO also aims to fill gaps in knowledge regarding HIV prevention priorities among populations in geographic areas where current data are limited. Data from NHBS will be used to improve HIV prevention, response, and testing and treatment services, and to reduce HIV incidence among populations overburdened by HIV infections.

ii. Outcomes

Recipients are expected to demonstrate measurable progress toward addressing short-term and intermediate outcomes that appear bolded in the logic model. A listing of these outcomes is provided below.

- Improved ability to measure prevalence of HIV-related behaviors, use of services, HIV infection, and other relevant health outcomes
- High-quality locally and nationally relevant data for resource allocation and evaluation of HIV prevention, testing, and treatment efforts
- Increased dissemination of data and recipient-developed recommendations to key stakeholders
- Improved information on methods to reach populations overburdened by HIV infections
- New or enhanced collaboration among federal, state, and local partners responsible for HIV prevention, response, testing and treatment
- Improved monitoring of HIV through an ongoing and adaptable HIV bio-behavioral surveillance system

iii. Strategies and Activities

As depicted in the logic model, there are 5 required strategies each for Component 1 and Component 2. Applicants may seek funding for only **one** component: either Component 1 or Component 2. Throughout the entire 5-year period of performance, all recipients will be required to implement all activities for the selected program component as delineated below.

Note that all activities shall be implemented according to CDC-approved guidance and procedures, including the provision of participant incentives for recruitment and data collection activities when indicated.

Component 1: Core NHBS

In Component 1, recipients are expected to undertake the strategies and activities listed below each year of the NOFO to conduct the required rotating data collection cycles among men who have sex with men (MSM), persons who inject drugs (PWID), and heterosexually active persons at increased risk for HIV (referred to as NHBS-MSM, NHBS-PWID, and NHBS-HET respectively). Project years 1 and 3 will be NHBS-PWID cycles, project years 2 and 5 will be NHBS-MSM cycles, and project year 4 will be an NHBS-HET cycle.

As part of Component 1, eligible applicants may apply to conduct NHBS strategies with up to two Optional Populations: transgender women (NHBS-Trans) and/or women who exchange sex (NHBS-WES), which will be awarded if funds are available. Strategies and activities for these Optional Populations will include start-up, extensive formative assessment, and data collection phases over multiple project years, as described below. NHBS strategies and activities among these two Optional Populations are independent of required activities and will be conducted in parallel with the required data collection cycles.

Eligible applicants may also apply for Optional Activities which will be awarded if funds are available:

- anonymous STI testing during NHBS-MSM, NHBS-HET, NHBS-Trans, and/or NHBS-WES cycles
- anonymous viral hepatitis testing during NHBS-PWID, NHBS-Trans, and/or NHBS-WES cycles.

Component 1: Required Core NHBS (NHBS-MSM, NHBS-PWID, NHBS-HET)

1) Preparation

- Conduct formative assessment: Obtain regulatory approvals, if locally required, to collect primary data for formative assessment. In accordance with CDC-approved guidance, conduct review of secondary data sources, observations, key informant interviews, focus groups and other activities to inform best operational procedures and to identify interview locations. Write and submit reports and other required documents summarizing findings from the formative assessment per CDC-approved guidance.
- Conduct pre-implementation activities: Conduct all pre-implementation activities according to CDC-approved timelines in order to initiate recruitment and data collection in time to meet annual sample size. Obtain regulatory approvals to conduct NHBS activities as required locally, including, but not limited to Institutional Review Board approval, approval to conduct NHBS activities under surveillance authority, or approvals to waive written consent. Develop standard operating procedures for management of adverse events, safeguards to preserve participant data confidentiality, and activities to address urgent needs identified during contact with participants such as linkage to HIV care. Hire and train required staff needed to recruit participants, collect data, conduct anonymous blood-based HIV testing and conduct other activities. Set up interview locations and obtain all required equipment, supplies and other materials to conduct all activities. Provide input on all national operational documents and data collection instruments, including, but not limited to formative assessment manuals, operations manuals, questionnaires, interviewer guides, data management manuals and other documentation of standard operating procedures. Complete and submit checklists documenting pre-implementation activities and operational procedures (Operations Checklist).

2) Recruitment and Data Collection

- Recruit populations overburdened by HIV infections: Collect bio-behavioral surveillance data in rotating data collection cycles among MSM, PWID, and heterosexually active persons at increased risk for HIV infection. According to CDC-approved guidance and timelines, implement recruitment strategies that include venue based, time-space sampling (VBS), respondent-driven sampling (RDS), and other CDC-approved strategies to recruit populations overburdened by HIV infections.
- Conduct standardized surveys: Complete standardized in-person surveys with eligible participants to meet the annual sample size using the CDC-provided comprehensive data collection instrument.
- Offer anonymous blood-based HIV testing: Offer anonymous blood-based rapid testing and supplemental testing for HIV infection to participants in order to assess HIV seroprevalence per CDC-approved guidance and procedures. HIV screening results shall be made available to participants. Participants with preliminary positive test results shall be linked to HIV care.
- Collect and store blood specimens for future testing: Collect dried blood spots, plasma or other blood specimens for additional testing such as the detection of antibodies or virus

that determine recent HIV infection, viral load, or antiretroviral drug resistance, as well as the presence of antiretroviral drugs (including PrEP) or fentanyl and fentanyl analogs.

- Send specimens to CDC or participating laboratories: Prepare frequent shipments of specimens to CDC or participating laboratories in compliance with CDC-approved guidance and timelines.

3) Data Management and Dissemination

- Ensure HIV data security and confidentiality: Adhere to all local and national guidelines for maintaining HIV data security and confidentiality, including but not limited to the *Centers for Disease Control and Prevention's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* available at https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf. Conduct annual data security and confidentiality trainings.
- Manage and submit data: Manage all data locally and submit data to CDC according to CDC-approved guidance and timelines, including but not limited to interview, HIV test results, and recruitment data. Conduct data cleaning activities according to CDC timelines including reconciliation, reviewing and responding to error reports, and other activities as needed to maintain data quality.
- Analyze and disseminate data: For each Required Core NHBS population, produce at least one report (fact sheets, epidemiologic profiles, surveillance reports, peer-reviewed manuscripts or other formats as appropriate) and conduct at least one presentation to community partners and stakeholders. Efforts shall be made to customize data dissemination activities to inform key decisions regarding budgeting, planning, and evaluation of HIV prevention and health services. Report on annual data use and dissemination activities to CDC. Contribute to national data collection outcomes such as surveillance reports and other publications by reviewing analysis notifications, concept proposals, table shells and manuscript drafts within specified timelines and participating in discussions during monthly conference calls and annual meetings. Work with local officials to participate in data sharing through national restricted use datasets.

4) Quality Assurance

- Attend relevant trainings and meetings: Attend all trainings required by CDC to include field operations and data management trainings. Attend all required meetings including but not limited to the annual recipient meeting. Attend all site visits, webinars and conference calls.
- Conduct quality assurance activities: Conduct all required data quality assurance activities, including but not limited to field staff evaluations, as described in CDC-approved guidance documents.
- Evaluate Required Core NHBS strategies and methods: Conduct ongoing formative assessment each data collection cycle to improve operational procedures. Conduct evaluations of Required Core NHBS, its recruitment strategies, and data collection methods as necessary to ensure that the system is meeting its goals. Recipients are expected to make recommendations for improving the quality, efficiency and usefulness of NHBS both locally and nationally.

5) Collaboration

- Collaborate with partners and stakeholders to conduct activities and evaluations: Collaborate on survey development, strategies, methods and implementation with community partners and stakeholders. Collaborators may include academic or public health partners with expertise in qualitative and quantitative methods who can strengthen the planning and implementation of bio-behavioral surveillance activities and evaluation.
- Collaborate with partners and stakeholders to share findings/promote data use: Work with partners and stakeholders to understand topics of local relevance, the data needs of the community, and how NHBS can meet these needs. Disseminate and present findings to health departments, Community Based Organizations (CBOs), and other community partners to inform HIV prevention and services planning and decision-making.
- Collaborate with partners and stakeholders to ensure participant referrals: Collaborate with community partners and stakeholders to plan optimal methods and sources for referring participants to prevention, health, and social services and linking participants to HIV, viral hepatitis and STI care.

Component 1, *Optional* Population 1: NHBS among transgender women (NHBS-Trans)

In accordance with CDC-approved guidance and procedures, recipients will be funded (if funds are available) to conduct NHBS among transgender women by performing the NHBS activities listed below. As NHBS does not routinely conduct bio-behavioral surveillance among this population, NHBS among transgender women may require start-up, extensive formative assessment and data collection phases with a total duration of about 2 years. It is anticipated that start-up activities will begin in Year 1 pending approvals. Activities for this Optional Population shall be conducted in accordance with CDC-approved guidance.

1) Start-up (Year 1 of NHBS-Trans)

- Conduct start-up activities: Apply for regulatory approvals, if locally required, to conduct extensive formative assessment. Begin to engage community partners and to garner community support. Review available data on transgender women and write and submit reports summarizing findings.
- Collaborate with CDC on development of operational documents: Provide input on all national operational documents and data collection instruments. Attend relevant conference calls.

2) Extensive formative assessment (Year 1 of NHBS-Trans)

- Conduct extensive formative assessment: Conduct observations, key informant interviews, focus groups and other activities to inform best operational procedures and to identify interview locations. Write and submit reports and other required documents summarizing findings from the formative assessment.
- Collaborate with partners and stakeholders to conduct NHBS among transgender women: Collaborate on survey development, methods and implementation with community partners and stakeholders. Collaborators may include academic or other public health partners with expertise in qualitative and quantitative methods to survey transgender women. These collaborations will strengthen the planning and implementation of bio-behavioral surveillance activities.

- Collaborate with partners and stakeholders to ensure participant referrals: Collaborate with community partners and stakeholders to plan optimal methods and sources for referring participants to prevention, health, and social services and linking participants to HIV, viral hepatitis and STI care.
- Conduct pre-implementation activities: Obtain regulatory approvals to conduct activities with transgender women as required locally, including, but not limited to Institutional Review Board approval, approval to conduct activities under surveillance authority, or approvals to waive written consent. Develop standard operating procedures for management of adverse events, safeguards to preserve participant data confidentiality, and strategies to address urgent needs identified during contact with participants such as linkage to HIV care and referral to specialized services. Begin to hire and train required staff needed to recruit participants, collect data, conduct anonymous blood-based HIV testing and conduct other activities. Set up interview locations and obtain all required equipment, supplies and other materials to conduct all activities. Complete checklist documenting pre-implementation activities and operational procedures.

3) Data collection (Year 2 of NHBS-Trans)

- Recruit transgender women: Collect bio-behavioral surveillance data using recruitment strategies that include respondent-driven sampling (RDS) or other CDC-approved strategies to recruit transgender women.
- Conduct standardized surveys: Complete standardized in-person surveys with eligible participants to meet the target sample size for NHBS among transgender women using the CDC-provided comprehensive data collection instrument.
- Offer anonymous blood-based HIV testing: Offer anonymous blood-based rapid testing and supplemental testing for HIV infection to participants in order to assess HIV seroprevalence. HIV screening results shall be made available to participants. Participants with preliminary positive test results shall be linked to HIV care.
- Collect and store blood specimens for future testing: Collect dried blood spots, plasma, or other blood specimens for additional testing such as the detection of antibodies or virus that determine recent HIV infection, viral load, or antiretroviral drug resistance, as well as the presence of antiretroviral drugs (including PrEP) or fentanyl and fentanyl analogs.
- Send specimens to CDC or participating laboratories: Prepare frequent shipments of specimens to CDC or participating laboratories in compliance with CDC-approved guidance and timelines.
- Ensure HIV data security and confidentiality: Adhere to all local and national guidelines for maintaining HIV data security and confidentiality, including but not limited to the *Centers for Disease Control and Prevention's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* available at https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf. C onduct data security and confidentiality trainings.
- Manage and submit data: Manage all data locally and submit to CDC according to CDC-approved protocols and timelines, including but not limited to interview, HIV test results, and recruitment data. Conduct data cleaning activities according to CDC timelines

including reconciliation, reviewing and responding to error reports, and other activities as needed to maintain data quality.

- Analyze and disseminate data: For NHBS among transgender women, produce at least one report (factsheets, epidemiologic profiles, surveillance reports, peer-reviewed manuscripts or other formats as appropriate) and conduct at least one presentation to community partners and stakeholders. Efforts shall be made to customize data dissemination activities to inform key decisions regarding budgeting, planning, and evaluation of HIV prevention activities among transgender women. Contribute to national data collection outcomes such as surveillance reports and other publications by reviewing materials disseminated by CDC within specified timelines and participating in discussions during monthly conference calls and annual meetings.
- Attend relevant trainings and meetings: Attend all required trainings, meetings, site visits, webinars and conference calls.
- Conduct quality assurance activities: Conduct all required data quality assurance activities, including but not limited to field staff evaluations, as described in CDC-approved guidance documents.
- Evaluate strategies and methods: Conduct ongoing formative assessment to improve operating procedures. Conduct evaluations of recruitment strategies and data collection methods to reach transgender women.
- Collaborate with partners and stakeholders to disseminate findings/promote data uses: Disseminate and present findings to health departments, CBOs, and other community partners to inform HIV prevention and services planning and decision-making.

Component 1, *Optional* Population 2: NHBS among women who exchange sex (NHBS-WES)

In accordance with CDC-approved guidance and procedures, recipients will be funded (if funds are available) to conduct NHBS among women who exchange sex by performing the NHBS activities listed below. As NHBS does not routinely conduct bio-behavioral surveillance among this population, NHBS among women who exchange sex may require start-up, extensive formative assessment and data collection phases with a total duration of about 3 years. It is anticipated that start-up activities will begin in Year 1 pending approvals. Activities for this Optional Population shall be conducted in accordance with CDC-approved guidance.

1) Start-up (Year 1 of NHBS-WES)

- Conduct start-up activities: Apply for regulatory approvals, if locally required, to conduct extensive formative assessment. Begin to engage community partners and to garner community support. Review available data on women who exchange sex and write and submit reports summarizing findings.
- Collaborate with CDC on development of operational documents: Provide input on all national operational documents and data collection instruments. Attend relevant conference calls.

2) Extensive formative assessment (Year 2 of NHBS-WES)

- Conduct extensive formative assessment: Conduct observations, key informant interviews, focus groups and other activities to inform best operational procedures and to identify interview locations. Write and submit reports and other required documents summarizing findings from the formative assessment.
- Collaborate with partners and stakeholders to conduct NHBS among women who exchange sex: Collaborate on survey development, methods and implementation with community partners and stakeholders. Collaborators may include academic or other public health partners with expertise in qualitative and quantitative methods to survey women who exchange sex. These collaborations will strengthen the planning and implementation of bio-behavioral surveillance activities.
- Collaborate with partners and stakeholders to ensure participant referrals: Collaborate with community partners and stakeholders to plan optimal methods and sources for referring participants to prevention, health, and social services and linking participants to HIV, viral hepatitis and STI care.
- Conduct pre-implementation activities: Obtain regulatory approvals to conduct activities with women who exchange sex as required locally, including, but not limited to Institutional Review Board approval, approval to conduct activities under surveillance authority, or approvals to waive written consent. Develop standard operating procedures for management of adverse events, safeguards to preserve participant data confidentiality, and strategies to address urgent needs identified during contact with participants such as linkage to HIV care and referral to specialized services. Begin to hire and train required staff needed to recruit participants, collect data, conduct anonymous blood-based HIV testing and conduct other activities. Set up interview locations and obtain all required equipment, supplies and other materials to conduct all activities. Complete checklist documenting pre-implementation activities and operational procedures.

3) Data collection (Year 3 of NHBS-WES)

- Recruit women who exchange sex: Collect bio-behavioral surveillance data using recruitment strategies that include respondent-driven sampling (RDS) or other CDC-approved strategies to recruit women who exchange sex.
- Conduct standardized surveys: Complete standardized in-person surveys with eligible participants to meet the sample size for NHBS among women who exchange sex using the CDC-provided comprehensive data collection instrument.
- Offer anonymous blood-based HIV testing: Offer anonymous blood-based rapid testing and supplemental testing for HIV infection to participants in order to assess HIV seroprevalence. HIV screening results shall be made available to participants. Participants with preliminary positive test results shall be linked to HIV care.
- Collect and store blood specimens for future testing: Collect dried blood spots, plasma or other blood specimens for additional testing such as the detection of antibodies or virus that determine recent HIV infection, viral load, or antiretroviral drug resistance, as well as the presence of antiretroviral drugs (including PrEP) or fentanyl and fentanyl analogs.
- Send specimens to CDC or participating laboratories: Prepare frequent shipments of specimens to CDC or participating laboratories in compliance with CDC-approved guidance and timelines.

- Ensure HIV data security and confidentiality: Adhere to all local and national guidelines for maintaining HIV data security and confidentiality, including but not limited to the *Centers for Disease Control and Prevention's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* available at https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf. Conduct data security and confidentiality trainings.
- Manage and submit data: Manage all data locally and submit to CDC according to CDC-approved protocols and timelines, including but not limited to interview, HIV test results, and recruitment data. Conduct data cleaning activities according to CDC timelines including reconciliation, reviewing and responding to error reports, and other activities as needed to maintain data quality.
- Analyze and disseminate data: For NHBS among women who exchange sex, produce at least one report (factsheets, epidemiologic profiles, surveillance reports, peer-reviewed manuscripts or other formats as appropriate) and conduct at least one presentation to community partners and stakeholders. Efforts shall be made to customize data dissemination activities to inform key decisions regarding budgeting, planning, and evaluation of HIV prevention activities among women who exchange sex. Contribute to national data collection outcomes such as surveillance reports and other publications by reviewing materials disseminated by CDC within specified timelines and participating in discussions during monthly conference calls and annual meetings.
- Attend relevant trainings and meetings: Attend all required trainings, meetings, site visits, webinars and conference calls.
- Conduct quality assurance activities: Conduct all required data quality assurance activities, including but not limited to field staff evaluations, as described in CDC-approved guidance documents.
- Evaluate strategies and methods: Conduct ongoing formative assessment to improve operating procedures. Conduct evaluations of recruitment strategies and data collection methods to reach women who exchange sex.
- Collaborate with partners and stakeholders to disseminate findings/promote data use: Disseminate and present findings to health departments, CBOs, and other community partners to inform HIV prevention and services planning and decision-making.

Component 1, *Optional* Activity 1: Conduct anonymous STI testing during NHBS-MSM, NHBS-HET, NHBS-Trans and/or NHBS-WES

As part of the NHBS platform and in accordance with CDC-approved guidance and procedures, recipients will be funded (if funds are available) for this Optional Activity to offer anonymous STI testing to participants of NHBS-HET, NHBS-MSM, NHBS-Trans and/or NHBS-WES data collection cycles. Applicants can elect to apply for this Optional Activity for each of the data collection cycles listed or any subset of these cycles. Based on availability of funds during the NHBS-HET data collection cycles, recipients may be funded to conduct STI testing for men, women, or both.

- Offer and conduct anonymous testing for gonorrhea and chlamydia: Offer anonymous gonorrhea and chlamydia testing to participants. Collect specimens from multiple anatomic sites for laboratory testing according to CDC-approved methods and guidance. Specimens may include pharyngeal, rectal, and/or urogenital specimens.
- Send specimens to participating laboratories: Prepare frequent shipments of specimens to participating laboratories in compliance with CDC-approved guidance and timelines.
- Provide test results and linkage to care: Test results shall be made available to participants in a timely fashion and those with positive test results shall be linked to care and treatment.
- Ensure data security and confidentiality: Adhere to all local and national guidelines for maintaining data security and confidentiality, including but not limited to the *Centers for Disease Control and Prevention's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* available at https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf.
- Manage and submit data: Manage all test results and return of results data locally and submit data to CDC according to CDC-approved guidance and timelines. Conduct data cleaning activities according to CDC timelines including reconciliation, reviewing and responding to error reports and other activities as needed to maintain data quality.

Component 1, *Optional* Activity 2: Conduct anonymous viral hepatitis testing during NHBS-PWID, NHBS-Trans and/or NHBS-WES

As part of the NHBS platform and in accordance with CDC-approved guidance and procedures, recipients will be funded (if funds are available) for this Optional Activity to offer anonymous viral hepatitis testing to participants of the NHBS-PWID, NHBS-Trans and/or NHBS-WES data collection cycles. Applicants can elect to apply for this Optional Activity for each of the data collection cycles listed or any subset of these cycles. Based on availability of funds, recipients may be funded to conduct Hepatitis B testing, Hepatitis C testing or both.

- Offer and conduct anonymous testing for Hepatitis B and Hepatitis C: Offer anonymous Hepatitis B and Hepatitis C testing to participants in order to assess prevalence of infection. Collect blood specimens for laboratory and confirmatory testing according to CDC-approved methods and guidance.
- Send specimens to participating laboratories: Prepare frequent shipments of blood specimens to participating laboratories in compliance with CDC-approved guidance and timelines.
- Provide test results and linkage to care: Test results shall be made available to participants in a timely fashion and those with positive test results shall be linked to care and treatment.
- Ensure data security and confidentiality: Adhere to all local and national guidelines for maintaining data security and confidentiality, including but not limited to the *Centers for Disease Control and Prevention's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* available at https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf.

- Manage and submit data: Manage all test results and return of results data locally and submit data to CDC according to CDC-approved guidance and timelines. Conduct data cleaning activities according to CDC timelines including reconciliation, reviewing and responding to error reports and other activities as needed to maintain data quality.

Component 2: NHBS Brief HIV Bio-behavioral Assessments (BHBAs)
In Component 2, recipients are expected to undertake the strategies and activities listed below for Year 1 of the NOFO including all required preparatory work, conducting a statewide assessment to identify at least two priority populations in specified geographic areas of interest, collaborating with CDC on operational documents, establishing community partnerships, and developing a data management plan. In Year 2, recipients will conduct mixed-methods BHBAs for the identified priority populations. Strategies and activities are described below including: engaging local staff and community members, conducting standardized bio-behavioral surveys and testing, conducting a rapid qualitative assessment, and analyzing and disseminating project findings. Year 2 strategies and activities will repeat for Years 3-5, in the same or different priority populations, based on need. Subject to approvals, activities may shift during the performance period.

Eligible applicants may also apply for up to two Optional Activities which will be awarded if funds are available: anonymous STI testing and anonymous viral hepatitis testing.

Component 2: Required NHBS BHBAs
1) Preparation (Year 1)

- Prepare for project activities: Conduct all Year 1 pre-implementation activities according to CDC-approved timelines. Hire and train core BHBA staff, including traveling field staff. Obtain all required equipment, supplies and other materials to conduct project activities. Obtain regulatory approvals to conduct Component 2 activities as required locally, including, but not limited to Institutional Review Board approval, approval to conduct formative assessment, quantitative assessment, and qualitative assessment activities under surveillance authority, or approvals to waive written consent.
- Conduct statewide assessment to identify at least two priority populations in geographic areas of interest: Identify comprehensive list of existing data sources to assess HIV prevention priorities. Triangulate information from multiple existing data sources, including HIV surveillance, to determine current HIV prevalence and priorities. Collaborate with CDC to develop a process for identifying and confirming at least two priority populations in specified geographic areas of interest to conduct BHBAs in Year 2.
- Collaborate with CDC on development of operational documents and procedures: Provide input on standard operational documents and data collection instruments. Develop standard operating procedures for management of adverse events, safeguards to preserve participant data confidentiality, and activities to address urgent needs identified during contact with participants such as linkage to HIV care.
- Establish community partnerships to support project: Identify stakeholders and develop a core advisory group (e.g., state health department officials, members of HIV planning

boards, community advocates, university partners, faith-based organizations) that will provide their individual, expert opinion to State and local officials on project activities. Conduct a project kickoff meeting with core advisory group to create a community connection.

- Develop a data management plan: In collaboration with CDC, develop a data management plan. Obtain required software/hardware for project activities. Train data management staff and/or attend data management training on use of required software to conduct project activities. Conduct annual data security and confidentiality trainings.

In Component 2, recipients are expected to undertake the strategies and activities listed below in each year of the NOFO during years 2 through 5. These activities will occur for *each* BHBA that the recipient conducts.

2) Pre-Implementation Activities

- Establish community partnerships to support project: Identify ad-hoc advisory group members based on identified priority populations. Identify and engage key stakeholders (e.g., local and regional health officials, CBOs, law enforcement, service providers, community members) in each of the specified locations. Conduct initial site visits to create a community connection and additional remote or local work prior to data collection.
- Hire and train staff to conduct BHBA locally: Hire and train required staff needed to recruit participants, collect data, conduct anonymous blood-based HIV testing and conduct other activities.
- Collaborate with partners and stakeholders on project development and establishing participant referrals to prevention, health, and social services: Collaborate on local survey development, strategies, methods and implementation with community partners and stakeholders. Plan optimal methods and sources for referring participants to prevention, health, and social services and linking participants to HIV care.
- Conduct formative assessment and analyze information: In accordance with CDC-approved guidance, conduct formative assessment and analyze information to inform optimal operational procedures and methods for quantitative and qualitative assessments. Share findings with advisory group to aid in identifying field site locations, stakeholders, participant incentives, etc.

3) Data Collection:

- Collect quantitative bio-behavioral data through brief standardized surveys and anonymous blood-based HIV testing: According to CDC-approved guidance and timelines, implement recruitment strategies that include venue based, time-space sampling (VBS), respondent-driven sampling (RDS), and other CDC-approved strategies to recruit populations overburdened by HIV infections. Complete brief standardized in-person surveys with eligible participants to meet the target sample size. Offer anonymous blood-based rapid testing and supplemental testing for HIV infection to participants in order to assess HIV seroprevalence per CDC-approved guidance. HIV screening results shall be made available to participants. Participants with preliminary positive test results shall be linked to HIV care. Pending funding availability, HIV testing may include the collection of dried blood spot specimens.

- Conduct rapid qualitative assessments: In accordance with CDC-approved guidance, conduct primary qualitative assessments, including observations, key informant interviews, focus groups and other activities to interpret standardized survey findings and inform recipient-developed recommendations for state and local public health authorities. Transcribe recorded qualitative data if applicable.

4) Analysis, Interpretation, and Dissemination:

- Analyze quantitative and qualitative data: In partnership with CDC, analyze quantitative survey and qualitative assessment data. Review quantitative and qualitative data with advisory group.
- Triangulate quantitative and qualitative data to develop preliminary findings: Collaborate with CDC to review preliminary findings to identify emerging key themes and recommendations. Share preliminary findings with advisory group. Develop one summary report per BHBA with integrated findings from quantitative and qualitative data and recommendations for state and local authorities. Efforts shall be made to customize data dissemination activities to inform key decisions regarding budgeting, planning, and evaluation of HIV treatment and prevention activities.
- Collaborate with partners and stakeholders to disseminate findings/promote data use: Develop a data dissemination plan. Disseminate and present BHBA findings to local health departments, CBOs, and other community partners to inform HIV prevention and services planning and decision-making. Contribute to national reporting of data collection outcomes such as surveillance reports and other publications by reviewing analysis notifications, concept proposals, table shells and manuscript drafts within specified timelines and participating in discussions during monthly conference calls and annual meetings. Report on annual data use and dissemination activities to CDC. Monitor status of key recipient-developed recommendations.
- Update statewide assessment of data as needed: Identify and confirm at least two priority populations in specified geographic areas of interest prioritized by burden or vulnerability for the next project year, as needed. These priority populations may be the same or different as previous years, based on need.

5) Data Management and Quality Assurance

- Ensure HIV data security and confidentiality: Adhere to all local and national guidelines for maintaining HIV data security and confidentiality, including but not limited to the *Centers for Disease Control and Prevention's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* available at https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf. C onduct annual data security and confidentiality trainings.
- Manage and submit data: Manage all quantitative and qualitative data locally and submit data to CDC according to CDC-approved guidance and timelines, including but not limited to interview, HIV test results, recruitment and other data. Conduct data cleaning activities according to CDC timelines including reconciliation, reviewing and responding to error reports and other activities as needed to maintain data quality.

- Conduct quality assurance and control activities: Conduct all required data quality assurance activities, including but not limited to field staff evaluations, as described in CDC-approved guidance documents.
- Evaluate BHBA strategies and methods: Conduct evaluations of NHBS BHBA, its recruitment strategies and data collection methods as necessary to ensure that goals are being met.

Component 2, *Optional* Activity 1: Conduct anonymous STI testing during BHBA data collection activities

As part of the NHBS BHBA platform and in accordance with CDC-approved guidance and procedures, recipients will be funded (if funds are available) for this Optional Activity to offer anonymous STI testing to participants. Based on availability of funds, recipients may be funded to conduct STI testing on a subset of their priority populations.

- Offer and conduct anonymous testing for gonorrhea and chlamydia: Offer anonymous gonorrhea and chlamydia testing to participants. Collect specimens from multiple anatomic sites for laboratory testing according to CDC-approved methods and guidance. Specimens may include pharyngeal, rectal, and/or urogenital specimens.
- Send specimens to participating laboratories: Prepare frequent shipments of specimens to participating laboratories in compliance with CDC-approved guidance and timelines.
- Provide test results and linkage to care: Test results shall be made available to participants in a timely fashion and those with positive test results shall be linked to care and treatment.
- Ensure data security and confidentiality: Adhere to all local and national guidelines for maintaining data security and confidentiality, including but not limited to the *Centers for Disease Control and Prevention's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* available at https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf.
- Manage and submit data: Manage all test results and return of results data locally and submit data to CDC according to CDC-approved guidance and timelines. Conduct data cleaning activities according to CDC timelines including reconciliation, reviewing and responding to error reports and other activities as needed to maintain data quality.

Component 2, *Optional* Activity 2: Conduct anonymous viral hepatitis testing during BHBA data collection activities

As part of the NHBS BHBA platform and in accordance with CDC-approved guidance and procedures, recipients will be funded (if funds are available) for this Optional Activity to offer anonymous viral hepatitis testing to participants. Based on availability of funds, recipients may be funded to conduct Hepatitis B testing, Hepatitis C testing or both. Recipients may be funded to conduct viral hepatitis testing on a subset of their priority populations.

- Offer and conduct anonymous testing for Hepatitis B and Hepatitis C: Offer anonymous Hepatitis B and Hepatitis C testing to participants in order to assess prevalence of infection. Collect blood specimens for laboratory and confirmatory testing according to CDC-approved methods and guidance.

- Send specimens to participating laboratories: Prepare frequent shipments of blood specimens to participating laboratories in compliance with CDC-approved guidance and timelines.
- Provide test results and linkage to care: Test results shall be made available to participants in a timely fashion and those with positive test results shall be linked to care and treatment.
- Ensure data security and confidentiality: Adhere to all local and national guidelines for maintaining data security and confidentiality, including but not limited to the *Centers for Disease Control and Prevention's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* available at https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf.
- Manage and submit data: Manage all test result data locally and submit data to CDC according to CDC-approved guidance and timelines. Conduct data cleaning activities according to CDC timelines including reconciliation, reviewing and responding to error reports and other activities as needed to maintain data quality.

The two tables below indicate the occurrence of various NHBS populations and activities for both Component 1 and Component 2 over the 5-year period of performance, pending funding availability and regulatory approvals.

	Component 1		
	Core NHBS	Optional Population	Optional Population
Year 1	PWID (+ Optional Activity: Viral Hepatitis Testing)	NHBS-Trans	NHBS-WES
Year 2	MSM (+ Optional Activity: STI Testing)	NHBS-Trans (+ Optional Activities: Viral Hepatitis Testing and/or STI Testing)	NHBS-WES
Year 3	PWID (+ Optional Activity: Viral Hepatitis Testing)		NHBS-WES (+ Optional Activities: Viral Hepatitis Testing and/or STI Testing)
Year 4	HET (+ Optional Activity: STI Testing)		
Year 5	MSM (+ Optional Activity: STI Testing)		

	Component 2
	NHBS BHBAs
Year 1	BHBA

Year 2	BHBA (+ Optional Activities: Viral Hepatitis Testing and/or STI Testing)
Year 3	BHBA (+ Optional Activities: Viral Hepatitis Testing and/or STI Testing)
Year 4	BHBA (+ Optional Activities: Viral Hepatitis Testing and/or STI Testing)
Year 5	BHBA (+ Optional Activities: Viral Hepatitis Testing and/or STI Testing)

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

Recipients for both Component 1 and Component 2 are required to collaboratively partner with CDC. Recipients are also required to maintain collaborations with HIV prevention program staff, HIV case surveillance staff, CDC-funded state and local health department program staff, and other CDC-funded surveillance or prevention program staff, as appropriate, for the successful implementation of NHBS.

b. With organizations not funded by CDC:

Recipients funded under Component 1 and Component 2 are required to build or maintain collaborations with community partners and stakeholders when performing required NHBS strategies and activities. Community partners and stakeholders may include but are not limited to CBOs and HIV-related service and care organizations that serve populations overburdened by HIV infections. As part of these collaborations, recipients shall incorporate feedback from community partners and stakeholders into activities, shall plan for optimal service referrals and linkage to HIV care, and shall plan for optimal dissemination of data for prevention planning. Recipients have the option to collaborate with academic and public health partners with expertise in qualitative and quantitative methods to conduct bio-behavioral surveillance activities and evaluation. Where applicable, recipients shall work with local health departments to carry out program strategies and activities and collaborate in planning for local prevention efforts. Recipients can convene advisory groups to advise State and local officials and to assist with planning and evaluation of NHBS activities (optional under Component 1, required under Component 2).

<u>Component 1, Optional Population 1: NHBS among transgender women</u>

For Component 1, Optional Population 1: NHBS among transgender women, recipients will be required to collaborate with CBOs, service providers and academic or public health partners who have expertise in working with transgender women and with prevention partners who serve this population. To accomplish this collaboration, recipients shall convene an advisory group to assist with planning and evaluation of NHBS activities.

<u>Component 1, Optional Population 2: NHBS among women who exchange sex</u>

For Component 1, Optional Population 2: NHBS among women who exchange sex, recipients will be required to collaborate with CBOs, service providers and academic or public health partners who have expertise in working with women who exchange sex and with prevention partners who serve this population. To accomplish this collaboration, recipients shall convene an advisory group to assist with planning and evaluation of NHBS activities.

<u>Component 1 and Component 2, Optional Activity 1: Anonymous STI testing</u>

For the anonymous STI testing Optional Activity under either Component 1 or Component 2,

recipients will be required to collaborate with CBOs and other public health partners to plan for optimal service referrals and linkage to STI prevention, treatment, and care. Recipients may also be required to collaborate with public health or private laboratories to conduct STI testing activities. Recipients will be required to collaborate with local prevention partners to disseminate data to inform STI prevention strategies among the populations surveyed.

Component 1 and Component 2, Optional Activity 2: Anonymous viral hepatitis testing
For the anonymous viral hepatitis testing Optional Activity under either Component 1 or Component 2, recipients will be required to collaborate with CBOs and other public health partners to plan for optimal service referrals and linkage to viral hepatitis prevention, treatment, and care. Recipients will also be required to collaborate with public health or private laboratories to conduct viral hepatitis testing activities. Recipients will be required to collaborate with local prevention partners to disseminate data to inform viral hepatitis prevention strategies among the populations surveyed.

2. Target Populations
In Component 1, applicants will identify a single, specific area, defined either by a metropolitan statistical area (MSA) or if the MSA is further divided as such, a single metro Division within an MSA, in which project activities will be conducted. This geographic area is fixed throughout the 5-year period of performance. A listing of MSAs/Divisions can be accessed at https://www.cdc.gov/hiv/funding/announcements/ps22-2201/index.html. The required target populations include persons aged 18 or older living in the specified MSA/Division, including 1) sexually-active men who have sex with men, 2) persons who report active injection drug use, and 3) heterosexually active persons at increased risk for HIV infection. The heterosexual target population includes only men and women who do not have a history of male-male sex or injection drug use.

The two Optional Populations in Component 1 are transgender women (persons aged 18 or older assigned male at birth who identify at least in part as women or transgender women) and women who exchange sex (women aged 18 or older living in specified MSAs who report exchange sex in the previous 6 months) living in the same specified MSA/Division identified for Core NHBS activities. For each Optional Population, it is expected that applicants will be able to enroll 300 members of the target population.

In Component 2, applicants will identify target populations to include those aged 18 or older in multiple recipient-identified priority populations overburdened by HIV infections in specified geographic areas within the state. Target populations will be confirmed in collaboration with CDC during the first year of the period of performance and updated in subsequent project years as needed.

a. Health Disparities
The burden of HIV infection is disproportionately concentrated among a number of populations. These populations are specifically targeted in this NOFO. This NOFO will provide information to improve HIV prevention, testing, and treatment services and ultimately aid in reducing HIV incidence among populations overburdened by HIV infections.

Data collected under this NOFO will be used to measure disparities in receipt of prevention

services, use of prevention strategies, and their association with social determinants of health among populations overburdened by HIV infections. Data collected will inform local and national HIV prevention and care efforts to reduce disparities and address social determinants of health.

Recipients should make efforts to include all members of the target populations for which they are funded in surveillance activities. Component 2 aims to extend the reach of NHBS to rural areas and other geographically underserved communities.

Prevention materials and testing and treatment information developed and disseminated should be accessible to all community members, including people with disabilities. This may include visual, Braille and large print materials as well as sharing through organizations that serve people with disabilities, such as centers on independent living as well as local/state chapters and/or affiliates for the Arc, National Association of the Deaf, and National Alliance on Mental Illness (as examples).

iv. Funding Strategy

There are two components for this funding opportunity. Applicants must apply for either Component 1 (Core NHBS) or Component 2 (NHBS BHBAs). Applicants can also choose to apply for Optional Populations and/or Optional Activities under Component 1, or Optional Activities under Component 2.

For Component 1, the work plan should include each of the two Optional Activities, if applicable. Separate work plans should be submitted for conducting NHBS among each of the two Optional Populations including Optional Activities, if applicable. Applicants must also submit separate budget narratives for Required Core NHBS, for each of the two Optional Populations (if applying), and for each of the two Optional Activities (if applying). For Component 2, the work plan should include each of the two Optional Activities, if applicable. Applicants must submit separate budget narratives for Required NHBS BHBAs and for each of the two Optional Activities (if applying).

For Component 1, Core NHBS and the Optional Populations and Optional Activities will be funded separately. Applications for Required Core NHBS and those for the Optional Populations will be reviewed and scored separately. Selection for participation in Optional Populations or Optional Activities is limited to applicants who are selected for Required Core NHBS. For Component 2, NHBS BHBAs and the Optional Activities will be funded separately. Selection for participation in Optional Activities is limited to applicants who are selected for Required NHBS BHBAs.

Funding priority will be provided to the top 20 applicants of Component 1, as described in Section E. Review and Selection Process, to conduct Required Core NHBS.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

For Component 1 and Component 2, CDC will work with recipients to develop a feasible scheme for measurement and evaluation that ensures successful monitoring of the implementation of the strategies and activities (process evaluation and measures) and assesses progress in achieving the

period of performance outcomes and/or understanding of the barriers to such progress (outcome evaluation and indicators). The following are measurable short-term and intermediate outcomes and proposed indicators for Component 1 and 2 recipients. All indicators will be finalized in collaboration with recipients within 6 months of the start of the period of performance.

- Improved ability to measure prevalence of HIV-related behaviors, use of services, HIV infection, and other relevant health outcomes
    - Proposed indicator: Number of data collection cycles that met or exceeded sample size goals
    - Proposed indicator: Number of data collection cycles where blood-based rapid testing for HIV infection was provided to at least 90% of participants
- High-quality locally and nationally relevant data for resource allocation and evaluation of HIV prevention, testing and treatment efforts
    - Proposed indicator: Number of recipient-developed recommendations developed for state and local authorities related to HIV prevention, testing, and treatment efforts
    - Proposed indicator: Number of recipient-developed recommendations adopted by state and local authorities related to HIV prevention, testing, and treatment efforts
- Increased dissemination of data and recommendations to key stakeholders
    - Proposed indicator: Number of NHBS data products (reports, presentations, etc.) developed
    - Proposed indicator: Number of stakeholders and community partners who receive NHBS data products (reports, presentations, etc.) from NHBS staff
- Improved information on methods to reach populations overburdened by HIV infections
    - Proposed indicator: Annually identified at least two priority populations in specified geographic locations of interest prioritized by burden or vulnerability [Component 2]
    - Proposed indicator: Documentation of evaluation activities submitted to CDC
- New or enhanced collaboration among federal, state and local partners responsible for HIV prevention, response, testing and treatment
    - Proposed indicator: Number of collaborative partnerships formalized
    - Proposed indicator: Number of participant referrals established via partnerships
- Improved monitoring of HIV-related behaviors through an ongoing and adaptable HIV bio-behavioral surveillance system
    - Proposed indicator: Number of data collection cycles where the recipient developed additional survey questions relevant to the current local HIV prevention efforts
    - Proposed indicator: Number of dissemination activities (analyses, presentations, factsheets, manuscripts, etc.) utilizing data from survey questions added by the recipient

In addition, recipients must meet the following process measure benchmarks yearly in order to achieve the required strategies and activities and achieve desired outcomes.

Component 1: Required Core NHBS (NHBS-MSM, NHBS-PWID, NHBS-HET)

Process measures:

1) Preparation

- Conduct formative assessment:
  - If locally required, submit paperwork for regulatory approvals to conduct formative assessment within 6 weeks after receipt of CDC-approved NHBS Protocol.
  - Submit to CDC the formative assessment reports and other required documents within the timeline provided by CDC.
- Conduct pre-implementation activities:
  - If locally required, submit paperwork for regulatory approvals to conduct NHBS activities within 6 weeks after receipt of CDC-approved NHBS Protocol.
  - Hire and train required staff needed to recruit participants, collect data, and conduct HIV testing within 5 months from the start of each budget period.
  - Submit documentation of interview locations and obtain all required equipment, supplies and other materials to conduct all activities within 5 months from the start of each budget period.
  - Submit completed Operations Checklist at least two weeks before start of implementation, within 5 months from the start of each budget period.
  - At least 1 person will attend the annual field operations training as provided by CDC. At least 1 person will attend the data management training as provided by CDC.

2) Recruitment and Data Collection

- Recruit populations overburdened by HIV infections:
  - Begin implementation of recruitment strategies that include venue based, time-space sampling (VBS), respondent-driven sampling (RDS), and other CDC-approved strategies to recruit populations overburdened by HIV infections within 6 months from the start of each budget period.
- Conduct standardized surveys:
  - Complete at least 500 standardized surveys with eligible participants annually.
- Offer anonymous blood-based HIV testing:
  - Conduct anonymous blood-based rapid testing for HIV infection on at least 90% of NHBS participants consenting to the survey.
  - Obtain CDC approval on plan for the provision of test results to participants and linkage to care and treatment for those with positive test results.
- Collect and store blood specimens for future testing:
  - Collect dried blood spots, plasma or other blood specimens for additional testing according to CDC-approved methods and guidance from at least 90% of NHBS participants consenting to HIV testing.

- Send specimens to CDC or participating laboratories:
    - Prepare shipments of all specimens to CDC or participating laboratories in compliance with CDC-approved guidance and timelines.

3) Data Management and Dissemination

- Ensure HIV data security and confidentiality:
    - Adhere to all data security and confidentiality guidelines, document trainings.
- Manage and submit data:
    - Adhere to all data management procedures and timelines per guidance documents provided by CDC. Submit data to CDC in adherence to CDC data submission timelines.
    - Complete data cleaning per CDC timelines.
- Analyze and disseminate data:
    - For each Required Core NHBS population, produce at least one report (fact sheet, epidemiologic profile, surveillance report, peer-reviewed manuscript or other format as appropriate) and conduct at least one presentation to community partners and stakeholders.
    - Submit information on specific data uses and dissemination activities in a template to be provided by CDC.
    - Submit a list of annual data uses and dissemination activities as described in the APR section of this NOFO.
    - Submit documentation of all data uses and dissemination activities to CDC by the end of the 5-year period of performance.

4) Quality Assurance

- Attend relevant trainings and meetings:
    - Attend all required trainings, meetings, site visits, webinars, and conference calls.
- Conduct quality assurance activities:
    - Conduct field staff evaluations annually according to the frequency and timelines recommended in the CDC-approved guidance documents.
    - Submit documentation of evaluations as requested.
- Evaluate Required Core NHBS strategies and methods:
    - Conduct all evaluation activities as required.

5) Collaboration

- Collaborate with partners and stakeholders to conduct activities and evaluations:
    - Collaborate on survey development, strategies, methods and implementation with community partners and stakeholders.
- Collaborate with partners and stakeholders to share findings/promote data uses:
    - Obtain CDC approval on plan for collaboration and data analysis.

- Share findings with local prevention partners every year through a presentation or report.

- Collaborate with partners and stakeholders to ensure participant referrals:
    - Collaborate with community partners and stakeholders to plan optimal methods for referring participants to services and linking participants to care.

Component 1, *Optional* Populations

Process measures:

1) Start-up

- Conduct start-up activities:
    - If locally required, submit paperwork for regulatory approvals to conduct extensive formative assessment within 4 weeks after receipt of CDC-approved guidance documents.
    - Hire a project coordinator or similar position to begin community engagement and to begin coordination of extensive formative assessment and data collection activities.
    - Review available data on the population of interest and write and submit reports summarizing findings according to timelines in CDC-approved guidance documents.

- Collaborate with CDC on development of operational documents:
    - Provide input on all national operational documents and data collection instruments.
    - Attend relevant conference calls as requested.

2) Extensive formative assessment

- Conduct extensive formative assessment:
    - Submit formative reports and other required documents according to timelines in CDC-approved guidance documents.

- Collaborate with partners and stakeholders to conduct bio-behavioral surveillance and evaluations:
    - Collaborate on survey development, methods, and implementation with community partners and stakeholders.

- Collaborate with partners and stakeholders to ensure participant referrals:
    - Collaborate with community partners and stakeholders to plan optimal methods for referring participants to prevention, health, and social services and linking participants to care.

- Conduct pre-implementation activities:
    - If locally required, submit paperwork for regulatory approvals to conduct project activities within 8 weeks after receipt of CDC-approved guidance documents.
    - Hire and train required staff needed to recruit participants, collect data, and conduct HIV testing according to timelines in CDC-approved guidance documents.

- Submit the completed operations checklist according to timelines in CDC-approved guidance.
- At least 1 person will attend the annual field operations training as provided by CDC.
- At least 1 person will attend the data management training as provided by CDC.

3) Data collection

- Recruit eligible participants:
  - Implement recruitment strategies according to timelines in CDC-approved guidance documents.
- Conduct standardized surveys:
  - Complete standardized in-person surveys with at least 300 eligible participants.
- Offer anonymous blood-based HIV testing:
  - Conduct anonymous blood-based rapid testing for HIV infection on at least 90% of participants consenting to the survey.
  - Obtain CDC approval on the plan for the provision of test results to participants and linkage to care and treatment for those with positive test results.
- Collect and store blood specimens for future testing:
  - Collect dried blood spots, plasma or other blood specimens for additional testing according to CDC-approved methods and guidance from at least 90% of NHBS participants consenting to HIV testing.
- Send specimens to CDC or participating laboratories:
  - Prepare frequent shipments of all specimens to CDC or participating laboratories in compliance with CDC-approved guidance and timelines.
- Ensure HIV data security and confidentiality:
  - Adhere to all data security and confidentiality guidelines and document trainings and compliance with guidelines.
- Manage and submit data:
  - Adhere to all data management procedures and timelines per guidance documents provided by CDC.
  - Submit data to CDC in adherence to CDC data submission timelines.
  - Complete data cleaning per CDC timelines.
- Analyze and disseminate data:
  - Produce at least one report (fact sheet, epidemiologic profile, surveillance report, peer-reviewed manuscript or other format as appropriate) and conduct at least one presentation to community partners and stakeholders.
  - Submit information on specific data uses and dissemination activities in a template to be provided by CDC.
  - Submit documentation of all data uses and dissemination activities to the CDC project officer by the end of the period of performance.

- Attend relevant trainings and meetings:
    - Attend all required trainings, meetings, site visits, webinars and conference calls.
- Conduct quality assurance activities:
    - Conduct field staff evaluations according to the frequency and timelines recommended in the CDC-approved guidance documents.
- Evaluate strategies and methods:
    - Conduct all evaluation activities as required.
- Collaborate with partners and stakeholders to disseminate findings/promote data uses:
    - Share findings with local prevention partners through a presentation or report by the end of the period of performance.

Component 1, *Optional* Activities

Process measures:

- Offer and conduct anonymous testing:
    - Collect specimens and conduct testing according to CDC-approved methods and guidance on at least 90% of the targeted participants consenting to the survey.
- Send specimens to participating laboratories:
    - Prepare frequent shipments of specimens to participating laboratories in compliance with CDC-approved guidance and timelines.
- Provide test results and linkage to care:
    - Obtain CDC approval on the plan for the provision of test results to participants and linkage to care and treatment for those with positive test results.
- Ensure data security and confidentiality:
    - Adhere to all data security and confidentiality guidelines and document trainings and compliance with guidelines.
- Manage and submit data:
    - Adhere to all data management procedures and timelines per guidance documents provided by CDC.
    - Submit data to CDC in adherence to CDC data submission timelines.
    - Complete data cleaning per CDC timelines.

Component 2: Required NHBS BHBAs

Process measures:

1) Preparation (Year 1)

- Prepare for project activities:
    - Submit timeline according to CDC-approved guidance within 30 days of funding.
    - Core staff members attend training, per CDC guidance.
    - If locally required, submit paperwork for regulatory approvals to conduct formative assessment per CDC timeline.

- Conduct statewide assessment to identify at least two priority populations in specified geographic areas of interest:
    - Submit statewide assessment and priority population identification process to CDC.
    - Submit to CDC the priority populations and other required documents within the timeline provided by CDC.
- Collaborate with CDC on development of operational documents and procedures:
    - Attend relevant conference calls as requested. Review all CDC-approved operational documents.
- Establish community partnerships to support project:
    - Submit core advisory group membership list to CDC.
- Develop data management plan:
    - Submit data management plan to CDC, according to CDC guidance.
    - Adhere to all data security and confidentiality guidelines and document trainings.

2) Pre-Implementation Activities (Years 2-5)

- Hire and train staff to conduct BHBA locally:
    - Submit documentation of training for all local staff.
- Collaborate with partners and stakeholders on project development and establishing participant referrals to prevention, health, and social services:
    - Submit overall BHBA Project Plan according to CDC timelines and guidance.
    - Submit a list of appropriate referrals according to CDC-specified guidance.
- Conduct and analyze formative assessment:
    - Submit completed formative assessment data collection plan according to CDC timelines and guidance.
    - Submit a report describing preliminary findings of formative assessment according to CDC-specified guidance.

3) Data Collection:

- Collect quantitative bio-behavioral data through standardized surveys and anonymous blood-based HIV testing:
    - Submit completed quantitative assessment data collection plan according to CDC timelines and guidance.
    - From all BHBAs conducted annually, complete 300 to 500 quantitative surveys with eligible participants.
    - Conduct anonymous blood-based rapid testing for HIV infection on at least 90% of participants consenting to the quantitative survey.
    - Obtain CDC approval on the plan for the provision of test results to participants and linkage to care and treatment for those with positive test results.
- Conduct rapid qualitative assessments:

- Submit completed qualitative assessment data collection plan including at least two different qualitative methods at least two weeks prior to qualitative data collection.

4) Analysis, Interpretation, and Dissemination

- Analyze quantitative and qualitative data:
  - Submit summary tables of quantitative data per table shells provided by CDC.
  - Submit summary information of qualitative data per guidance provided by CDC.
- Triangulate quantitative and qualitative data to develop preliminary findings:
  - Submit a final summary report to CDC per prioritized population/geographic area.
- Collaborate with partners and stakeholders to disseminate findings/promote data use:
  - Submit data dissemination plan to CDC.
  - Submit a list of annual data uses, dissemination activities and status of recipient-developed recommendations as described in the APR section of this NOFO.

5) Data Management and Quality Assurance

- Ensure HIV data security and confidentiality:
  - Adhere to all data security and confidentiality guidelines and document trainings.
- Manage and submit data:
  - Adhere to all data management procedures and timelines per guidance documents provided by CDC.
  - Submit data to CDC in adherence to CDC data submission timelines.
  - Submit anonymous transcribed interview data to CDC.
  - Complete data cleaning per CDC timelines.
- Conduct quality assurance and control activities:
  - Conduct field staff evaluations according to the frequency and timelines recommended in the CDC-approved guidance documents.
- Evaluate BHBA strategies and methods:
  - Conduct all evaluation activities as required.

Component 2, *Optional* Activities

Process measures:

- Offer and conduct testing:
  - Collect specimens and conduct testing according to CDC-approved methods and guidance on at least 90% of the targeted participants consenting to the survey.
- Send specimens to participating laboratories:
  - Prepare frequent shipments of specimens to participating laboratories in compliance with CDC-approved guidance and timelines.
- Provide test results and linkage to care:

- Obtain CDC approval on the plan for the provision of test results to participants and linkage to care and treatment for those with positive test results.

- Ensure data security and confidentiality:
  - Adhere to all data security and confidentiality guidelines and document trainings and compliance with guidelines.

- Manage and submit data:
  - Adhere to all data management procedures and timelines per guidance documents provided by CDC.
  - Submit data to CDC in adherence to CDC data submission timelines.
  - Complete data cleaning per CDC timelines

Applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. See web link for additional information: https://www.cdc.gov/grants/additionalrequirements/ar-25.html. At a minimum, the DMP must include the following:

- A description of the data to be collected or generated in the proposed project;
- The standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to the data, including a description for the provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights;
- Statement of the use of data standards that ensure all documentation that describes the method of collection, what the data represent, and
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified; and,
- Other additional requirements based on the program.

Applicants must include a DMP that is as complete as possible. The DMP may be submitted as a checklist, paragraph, or other format, as currently, HHS/CDC does not have a standardized DMP template or checklist. However, below is a DMP example that may help guide applicants as they develop their DMP:
- ICPSR: http://www.icpsr.umich.edu/icpsrweb/content/datamanagement/dmp/plan.html

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.

- How key program partners will participate in the evaluation and performance measurement planning processes.

- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, the applicant should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

For either Component 1 or Component 2, applicants must demonstrate the capacity to successfully implement the required strategies and activities and achieve the period of performance outputs and outcomes, including all Optional Activities, if applicable. Applicants should demonstrate experience administrating public health surveillance, and conducting community-level surveys, and must be able to conduct anonymous HIV testing and other anonymous testing (if applying for the optional STI testing and/or optional viral hepatitis testing). Applicants should also have experience collaborating with local organizations that work with populations overburdened by HIV infections. Applicants should have the capacity to conduct analysis of bio-behavioral surveillance data and report findings. To the extent possible, we encourage community representation on staff for each of the target populations included in NHBS.

For Component 1, applicants shall have a clear staffing plan and project management structure for the required strategies to include a principal investigator (20% or less), project coordinator (100% or less), field supervisor (100% or less), data manager (25% or less), epidemiologist (50% or less) and sufficient number of field staff to conduct the Required Core NHBS activities. Applicants shall also have clear staffing plans and project management structures for conducting NHBS among each of the two Optional Populations (if applicable) and for each of the two Optional Activities (if applicable). Please include CVs for key staff or note whether hiring new staff will be required. Applicants should state whether key staff members have the following capacity and experience:

- Principal investigators must be able to assume responsibility for overseeing that program outputs and outcomes are achieved, that data security and confidentiality procedures and local policies for human subjects protections are followed, and that awarded funds are used in compliance with the terms and conditions of this cooperative agreement.
- Project coordinators should have considerable knowledge of HIV and surveillance activities, strong leadership and supervisory skills and high attention to detail.
- Field supervisors should have considerable knowledge of the communities in which NHBS is conducted, HIV and surveillance activities.
- Data managers should have experience in the management of large datasets, ability to merge data from multiple sources, ability to generate reports to identify data discrepancies, SAS expertise preferred.
- Epidemiologists should have considerable experience conducting epidemiological analysis, data dissemination, and developing data-driven recommendations.

[For Optional Populations] Due to the sensitive nature of topics covered in the survey, applicants shall include dedicated staff, such as a social worker, responsible for providing support and applicable referrals to participants upon completion of the survey. This person should also train interviewers on principles of trauma informed care, vicarious trauma and cultural competence.

For Component 2, applicants shall have a clear staffing plan and project management structure for the required strategies to include a principal investigator (20% or less), project coordinator (100% or less), epidemiologist (100% or less), and a sufficient number of temporary local field staff to conduct the required BHBA activities in at least two priority populations in specified geographic areas per year. Applicants shall also have clear staffing plans and project management structures for conducting each of the two Optional Activities (if applicable). Please include CVs for key staff or note whether hiring new staff will be required. Applicants should state whether key staff members have the following capacity and experience:

- Principal investigators must be able to assume responsibility for overseeing that program outputs and outcomes are achieved, that data security and confidentiality procedures and local policies for human subjects protections are followed, and that awarded funds are used in compliance with the terms and conditions of this cooperative agreement.
- Project coordinators should have considerable knowledge of HIV and surveillance activities, strong leadership and supervisory skills, ability to develop and foster community relationships, ability to collaborate with state, local, and priority population communities, and high attention to detail. The project coordinator will be responsible for the day-to-day management of the project including providing support for key administrative functions.
- Epidemiologists should have considerable experience conducting epidemiological analysis, data dissemination, and developing data-driven recommendations. They should successfully coordinate with and train field staff to comply with guidelines for maintaining data safety and security and participant confidentiality, uploading local data files, and ensuring data quality.
- Temporary field staff must have the ability to implement data collection activities, testing and counseling, and linkage to care, and ensure data quality standards.

Applicants for either component must be fully capable of financial reporting, budget management and administration. Being fully capable includes managing the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.

All applicants must have the capacity to ensure that the security and confidentiality procedures of the program are consistent with the requirements delineated in the *Centers for Disease Control and Prevention Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* (available at: https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf).

Applicants must have a designated Overall Responsible Party (ORP) who accepts overall responsibility for implementing and enforcing the security standards and may be liable for breaches of confidentiality. The ORP should be a high-ranking public official (e.g., division director or department chief) who has the authority to make decisions about surveillance operations that may affect programs outside the HIV surveillance unit. Applicants are required to self-certify their adherence to the standards for ensuring the security, confidentiality, and appropriate use of the data they collect, store, and share. Applicants must submit a Certification Statement from the *Centers for Disease Control and Prevention's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* signed by the ORP. The certification statement should:

- Identify one or more persons as the ORP for ensuring adherence to the standards.
- Attest to adherence to all standards or explain any lapses.
- If reporting lapses to CDC, describe the lapses and steps to meet the standards in the future.
- Describe policies and procedures instituted to ensure continued adherence to the standards.

Applicants must upload this Certification Statement at www.grants.gov as a PDF document.

Applicants must file an organizational chart, name this file "Organizational Chart" and upload at www.grants.gov as a PDF document.

Applicants must file CVs and resumes, as appropriate, name these files "CVs/Resumes" and upload them at www.grants.gov as PDF documents.

d. Work Plan

Applicants must provide a detailed work plan for the first year of this award and a high-level work plan for the entire five-year period of performance. For Component 1, the work plan should include each of the two Optional Activities, if applicable. Separate work plans should be submitted for conducting NHBS among each of the two Optional Populations, if applicable, and Optional Activities within Optional Populations, if applicable. For Component 2, the work plan should include each of the two Optional Activities, if applicable.

Each detailed work plan must include discussion of the applicant's approach to conduct the strategies and activities and their ability to meet each benchmark. It must be clear how the components of your work plan(s) crosswalk to the strategies and activities, outcomes, and evaluation and performance measures of this NOFO. The work plan(s) must also include a timeline and person responsible for completing each activity. The budget(s) submitted must be consistent with the respective work plan(s) and include resources needed to conduct these activities based on the annual benchmarks.

A sample work plan template is shown here for Component 1 Required Core NHBS. This template can be modified for Component 1 Optional Populations and Component 2.

Strategy	Activities	Process Measure	Responsible Party	Completion Date
Preparation				
Recruitment and Data Collection				
Data Management and Dissemination				
Quality Assurance				
Collaboration				

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.

- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

Recipients performing at a less than sufficient level to achieve program activities and outputs within stated timeframes will work closely with the CDC Project Officer to identify contributing factors and necessary steps to improve program performance. Non-adherence to recommendations may result in restricted funding until benchmarks can be successfully met.

f. CDC Program Support to Recipients

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring. CDC staff will provide support by:

- Facilitating the development and implementation of the standardized, multisite guidance documents and questionnaires.
- Facilitating the development of local operational plans.
- Providing training in methodology (including formative assessment), program planning, management and evaluation.
- Providing technical assistance to support implementation of agreed upon methods to execute the strategies and activities.
- Aiding in establishing and maintaining the computerized database to record information collected for the activities.
- Participating in the analysis and dissemination of the data. Conducting or coordinating analyses of the data and disseminating information to support HIV prevention efforts.
- Facilitating the development of methods and computer programs to evaluate performance indicators and data quality.
- Assisting in the evaluation of overall effectiveness of program operations. Providing timely feedback on reported data for quality assurance purposes.
- Facilitating the development of evaluation activities.
- Maintaining secure and confidential databases.
- Monitoring progress in participant recruitment, data collection, HIV testing and other activities for all recipients.

B. Award Information

1. Funding Instrument Type:

CA (Cooperative Agreement)

CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:
U62
Prevention/Surveillance Activities/Studies of AIDS

3. Fiscal Year:
2022
Estimated Total Funding:
$ 97,750,000

4. Approximate Total Fiscal Year Funding:
$ 19,650,000
This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:
$ 97,750,000

- Component 1 (Core NHBS): $81,500,000
- Component 2 (NHBS BHBAs): $16,250,000

6. Total Period of Performance Length:
5
year(s)

7. Expected Number of Awards:
30
Subject to the availability of funds, up to 30 awards:

- Up to 25 awards for Component 1 (Core NHBS)
- Up to 5 awards for Component 2 (NHBS BHBAs)

8. Approximate Average Award:

$ 0
Per Budget Period

- Component 1 (Core NHBS):
    - REQUIRED: $470,000 (NHBS-PWID)
    - OPTIONAL: $150,000 (Viral hepatitis testing in NHBS-PWID), $250,000 (NHBS among Transgender Women), $250,000 (NHBS among Women who Exchange Sex)
- Component 2 (NHBS BHBAs): $450,000

9. Award Ceiling:
$ 0
Per Budget Period

10. Award Floor:

$ 0
Per Budget Period

11. Estimated Award Date:
January 01, 2022
Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length:
12 month(s)

13. Direct Assistance
Direct Assistance (DA) is available through this NOFO.

Consistent with the cited authority for this announcement, Direct Assistance may be available in the form of equipment, supplies and materials, and/or federal personnel. If DA is provided as a part of the award, CDC will reduce the financial assistance award amount provided directly to the recipient as a part of the award. The amount by which your award is reduced will be used to provide DA; the funding shall be deemed part of the award and as having been paid to the recipient.

Moreover, DA may include provision of material support, including but not limited to computer hardware, software, or other materials as needed. Please review CDC's policy on direct financial assistance to Grant and Cooperative Agreement Recipients (https://www.cdc.gov/publichealthgateway/GrantsFunding/direct_assistance.html).

We encourage use of DA by recipients to support CDC's workforce development programs (e.g., the Public Health Associates Program [PHAP], Steven M. Teutsch Prevention Effectiveness [PE] Fellows, Laboratory Leadership Service [LLS] Fellows, Public Health Informatics Fellows [PHIF], Epidemic Intelligence Service [EIS] officers, etc.).

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR Part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

2. Additional Information on Eligibility

Eligible applicants for this NOFO include all US State health departments, the six local health departments with independent HIV surveillance programs (City of Chicago Department of Public Health, Houston Department of Health and Human Services, Los Angeles County Department of Public Health, City of Philadelphia Department of Public Health, New York City Department of Health and Mental Hygiene, and San Francisco Department of Public Health), the District of Columbia Department of Health, and the territorial health departments (Commonwealth of Puerto Rico, the U.S. Virgin Islands) or their Bona Fide Agents. This program is authorized under Section 318(c) of the Public Health Service Act [42 U.S.C. Section 247c(c)], as amended.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No
Cost sharing or matching funds are not required for this program.

Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System: All applicant organizations must obtain a Data

Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/index.html.

c. Grants.gov: The first step in submitting an application online is registering your organization atwww.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option atwww.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more

than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711

2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter Of Intent 06/07/2021

The LOI date will generate once the Synopsis is published if Days or a Date are entered.
The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. An LOI is requested from eligible applicants for either Component 1 or Component 2 with no previous experience conducting NHBS.
LOI must be sent via email to:
Kathryn Lee, Project Officer
Centers for Disease Control and Prevention
Email: NHBS@cdc.gov

b. Application Deadline

Due Date for Applications 08/02/2021

08/02/2021
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

June 09, 2021

Due Date for Information Conference Call
An informational conference call will be held from 1:30p-3:00p EDT. Please refer to https://www.cdc.gov/hiv/funding/announcements/ps22-2201/index.html for additional information about the call.

To join ZoomGov Meeting:
https://cdc.zoomgov.com/j/1606950276?pwd=TXpiSjRTSThkeG5pZGUySlhQZTRuZz09

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
Meeting ID: 160 695 0276
Passcode: 31489099

Questions can also be directed to NHBS@cdc.gov.

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other

sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

Is a LOI:
Recommended but not Required

A Letter of Intent (LOI) is requested from eligible applicants for either Component 1 or Component 2 with no previous experience conducting NHBS.

The LOI must be sent via email to NHBS@cdc.gov.

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

Complete Project Abstract Summary

10. Project Narrative

Multi-component NOFOs may have a maximum of 15 pages for the "base" (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for

Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages. Page limits include work plan; content beyond specified limits may not be reviewed.

Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the period of performance. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the period of performance. (See CDC Project Description: Strategies and Activities section.)

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see https://www.cdc.gov/od/science/integrity/reducePublicBurden/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative,

applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health

Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and upload it as a PDF file

at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

Component 1:

Applicants must submit separate budget narratives to be considered for funding for Required Core NHBS, for each of the two Optional Populations (if applying), and for each of the two Optional Activities (if applying). Technical guidance is provided in Attachments A-J, available at: https://www.cdc.gov/hiv/funding/announcements/ps22-2201/index.html.

For conducting Required Core NHBS, applicants must submit:

- an itemized budget and budget justification for the first year (NHBS-PWID, 12-month budget period, see Attachment A)
- an SF-424A for the 5-year period of performance

For conducting Optional Population 1: NHBS among transgender women, applicants must submit:

- itemized budgets and budget justifications for Years 1-2 (two, 12-month budget periods, see Attachment B)
- an SF-424A for 2 years

For conducting Optional Population 2: NHBS among women who exchange sex, applicants must submit:

- itemized budgets and budget justifications for Years 1-3 (three, 12-month budget periods, see Attachment C)
- an SF-424A for 3 years

For conducting Optional Activity 1: anonymous STI testing during NHBS-MSM, applicants must submit:

- an itemized budget and budget justification for the NHBS-MSM cycle (12-month budget period, see Attachment D)
- an SF-424A for one NHBS-MSM cycle

For conducting Optional Activity 1: anonymous STI testing during NHBS-HET, applicants must submit:

- an itemized budget and budget justification for one NHBS-HET cycle (12-month budget period, see Attachment E)
- an SF-424A for one NHBS-HET cycle

For conducting Optional Activity 1: anonymous STI testing during NHBS-Trans, applicants must submit:

- an itemized budget and budget justification for Year 2 of NHBS-Trans (12-month budget period, see Attachment F)
- an SF-424A for Year 2 of NHBS-Trans

For conducting Optional Activity 1: anonymous STI testing during NHBS-WES, applicants must submit:

- an itemized budget and budget justification for Year 3 of NHBS-WES (12-month budget period, see Attachment G)
- an SF-424A for Year 3 of NHBS-WES

For conducting Optional Activity 2: anonymous viral hepatitis testing during NHBS-PWID, applicants must submit:

- an itemized budget and budget justification for one NHBS-PWID cycle (12-month budget period, see Attachment H)
- an SF-424A for the NHBS-PWID cycle

For conducting Optional Activity 2: anonymous viral hepatitis testing during NHBS-Trans, applicants must submit:

- an itemized budget and budget justification for Year 2 of NHBS-Trans (12-month budget period, see Attachment I)
- an SF-424A for Year 2 of NHBS-Trans

For conducting Optional Activity 2: anonymous viral hepatitis testing during NHBS-WES, applicants must submit:

- an itemized budget and budget justification for Year 3 of NHBS-WES (12-month budget period, see Attachment J)
- an SF-424A for Year 3 of NHBS-WES

Central administrative costs incurred in the management and administration of required NHBS strategies and activities, NHBS among Optional Populations and Optional Activities above those included in an indirect cost agreement will not be supported.

Component 2:
Applicants must submit separate budget narratives to be considered for funding for Required NHBS BHBAs and for each of the two Optional Activities (if applying). Technical guidance is provided in Attachments K-N, available at: https://www.cdc.gov/hiv/funding/announcements/ps22-2201/index.html.

For conducting Required NHBS BHBAs, applicants must submit:

- an itemized budget and budget justification for the first year (12-month budget period, see Attachment K)
- an itemized budget and budget justification for the second year (12-month budget period, see Attachment L)
- an SF-424A for the 5-year period of performance

For conducting Optional Activity 1: anonymous STI testing during NHBS BHBAs, applicants must submit:

- an itemized budget and budget justification for one NHBS BHBA cycle during which testing would be conducted (12-month budget period, see Attachment M)
- an SF-424A for one data collection cycle

For conducting Optional Activity 2: anonymous viral hepatitis testing during NHBS BHBAs, applicants must submit:

- an itemized budget and budget justification for one NHBS BHBA cycle during which testing would be conducted (12-month budget period, see Attachment N)
- an SF-424A for one data collection cycle

Central administrative costs incurred in the management and administration of required NHBS strategies and activities, NHBS among Optional Populations and Optional Activities above those included in an indirect cost agreement will not be supported.

13. Pilot Program for Enhancement of Employee Whistleblowers Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations

(CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

13a. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

13b. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must

identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

13c. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information: https://www.cdc.gov/grants/additionalrequirements/ar-25.html

14. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition andadditional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Data collection initiated under this cooperative agreement has been approved by the Office of Management and Budget (OMB): "National HIV Behavioral Surveillance System, NHBS", OMB
#0920-0770 Expires January 31, 2023. Any CDC-directed changes to the existing data collection or new submissions will be subject to review and approval by OMB under the Paperwork Reduction Act.

The HHS Policy on the Use of Appropriated Funds for Promotional Items prohibits the use of cooperative agreement funds to purchase promotional items except in rare circumstances that such
items are deemed a necessary expense approved in advance by CDC that directly furthers the program's public health mission. (https://www.hhs.gov/grants/contracts/contract-policies-regulations/spending-on-promotional-items/index.html)

15. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity atwww.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt whenwww.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated bywww.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non- validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=GetStarted%2FGetStarted.htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service atwww.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note thatwww.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call thewww.grants.gov Contact Center at 1-800-518-4726 or e-mail them

at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application.

Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by the Office of Grants Services. Complete applications will be reviewed for responsiveness by Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach **Maximum Points:** 0

Component 1: Required Core NHBS (45 points)

The extent to which the applicant:

- Presents outputs and outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model. (5 points)

- Describes plans for conducting all 5 required strategies and activities that are consistent with the CDC Project Description and logic model, including an appropriate plan to complete 500 surveys with eligible participants for each data collection cycle. (12 points)
- Demonstrates experience implementing recruitment strategies to reach MSM, PWID and heterosexuals at increased risk for HIV infection. (10 points)
- Describes plans for linking participants to available care and other resources. (4 points)
- Describes plans for disseminating findings to local stakeholders. (4 points)
- Presents a detailed work plan for the first year of this award and a high-level work plan for the entire five-year period of performance that are aligned with the strategies/activities, outputs, outcomes, and performance measures in the approach and are consistent with the content proposed by CDC. Presents a timeline and responsible party for each activity. (10 points)

Component 1, Optional Population 1: NHBS among transgender women (35 points)
The extent to which the applicant:

- Presents outputs and outcomes that are consistent with the period of performance outcomes described in the CDC Project Description. (5 points)
- Describes plans for conducting all required strategies for NHBS-Trans and activities for each strategy that are consistent with the CDC Project Description. (12 points)
- Describes plans for linking participants to available care and other resources. (4 points)
- Describes plans for disseminating findings to local stakeholders. (6 points)
- Presents a detailed work plan for the first year of the project and a high-level work plan for the 2-year project. (8 points)

Component 1, Optional Population 2: NHBS among women who exchange sex (35 points)
The extent to which the applicant:

- Presents outputs and outcomes that are consistent with the period of performance outcomes described in the CDC Project Description. (5 points)
- Describes plans for conducting all required strategies for NHBS-WES and activities for each strategy that are consistent with the CDC Project Description. (12 points)
- Describes plans for linking participants to available care and other resources. (4 points)
- Describes plans for disseminating findings to local stakeholders. (6 points)
- Presents a detailed work plan for the first year of the project and a high-level work plan for the 3-year project. (8 points)

Component 2: NHBS BHBAs (35 points)
The extent to which the applicant:

- Presents outputs and outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model. (5 points)
- Describes plans for conducting all required strategies and activities that are consistent with the CDC Project Description and logic model, including an appropriate plan to recruit 300 to 500 eligible participants based on local estimates of the priority population(s) size to complete at least two BHBAs per year using both quantitative and qualitative methods during Years 2-5. (12 points)

- Demonstrates experience implementing outreach strategies for priority populations. (4 points)
- Describes plans for linking participants to available care and other resources. (2 points)
- Describes plans for disseminating findings to local stakeholders. (4 points)
- Presents a detailed work plan for the first year of this award and a high-level work plan for the entire five-year period of performance that are aligned with the strategies/activities, outputs, outcomes, and performance measures in the approach and are consistent with the content proposed by CDC. Presents a timeline and responsible party for each activity. (8 points)

ii. Evaluation and Performance Measurement **Maximum Points:** 0

Component 1: Required Core NHBS (25 points)

The extent to which the applicant:

- Proposes an evaluation and performance measurement plan that is consistent with the work plan and the CDC Evaluation and Performance Measurement Strategy. (4 points)
- Describes quality assurance activities consistent with the content proposed in the CDC Project Description. (4 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (3 points)
- Describes clear plans for monitoring recruitment and participation numbers for each data collection cycle. (4 points)
- Describes how performance measurement and evaluation findings will be reported and used to demonstrate the outputs and outcomes of the NOFO and for continuous program quality improvement. (6 points)
- Describes how evaluation and performance measurement will contribute to improving NHBS strategies and methods. (4 points)

Component 1, Optional Population 1: NHBS among transgender women (25 points)

The extent to which the applicant:

- Proposes an evaluation and performance measurement plan that is consistent with the work plan and the CDC Evaluation and Performance Measurement Strategy. (4 points)
- Describes quality assurance activities consistent with the content proposed in the CDC Project Description. (4 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (3 points)
- Describes clear plans for monitoring recruitment and participation numbers. (4 points)
- Describes how performance measurement and evaluation findings will be reported and used to demonstrate the outputs and outcomes of the NOFO and for continuous program quality improvement. (6 points)
- Describes how evaluation and performance measurement will contribute to improving NHBS-Trans strategies and methods. (4 points)

Component 1, Optional Population 2: NHBS among women who exchange sex (25 points)
The extent to which the applicant:

- Proposes an evaluation and performance measurement plan that is consistent with the work plan and the CDC Evaluation and Performance Measurement Strategy. (4 points)
- Describes quality assurance activities consistent with the content proposed in the CDC Project Description. (4 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (3 points)
- Describes clear plans for monitoring recruitment and participation numbers. (4 points)
- Describes how performance measurement and evaluation findings will be reported and used to demonstrate the outputs and outcomes of the NOFO and for continuous program quality improvement. (6 points)
- Describes how evaluation and performance measurement will contribute to improving NHBS-WES strategies and methods. (4 points)

Component 2: NHBS BHBAs (25 points)
The extent to which the applicant:

- Proposes an evaluation and performance measurement plan that is consistent with the work plan and the CDC Evaluation and Performance Measurement Strategy. (3 points)
- Describes quality assurance activities consistent with the content proposed in the CDC Project Description. (3 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (5 points)
- Describes clear plans for monitoring recruitment and participation numbers. (4 points)
- Describes how performance measurement and evaluation findings will be reported and used to demonstrate the outputs and outcomes of the NOFO and for continuous program quality improvement. (5 points)
- Describes how evaluation and performance measurement will contribute to improving NHBS BHBA strategies and methods. (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 0

Component 1: Required Core NHBS (30 points)
The extent to which the applicant:

- Demonstrates experience administrating public health surveillance and conducting community-level surveys. (7 points)
- Demonstrates willingness and ability to collaborate with local organizations that work with populations overburdened by HIV infections. (7 points)
- Demonstrates capacity to conduct analysis of bio-behavioral surveillance data and report findings. (7 points)

- Provides a clear staffing plan and project management structure that will be sufficient to achieve the project outputs and outcomes, which includes staff roles as described in the CDC Project Description. Provides an organizational chart. (5 points)
- Demonstrates the capacity to adhere to HIV data security and confidentiality guidelines as described in the CDC Project Description, including designation of an Overall Responsible Party (ORP). (4 points)

Component 1, Optional Population 1: NHBS among transgender women (40 points)
The extent to which the applicant:

- Demonstrates previous experience with surveillance or research activities among transgender women. (10 points)
- Demonstrates ability to reach 300 transgender women based on local estimates of the population size. (10 points)
- Demonstrates willingness and ability to maintain or develop partnerships with organizations or academic institutions who have worked with transgender women. (8 points)
- Demonstrates capacity to conduct analysis of bio-behavioral surveillance data and report findings. (8 points)
- Provides a clear staffing plan and project management structure that will be sufficient to achieve the project outputs and outcomes. Provides an organizational chart. (4 points)

Component 1, Optional Population 2: NHBS among women who exchange sex (40 points)
The extent to which the applicant:

- Demonstrates previous experience with surveillance or research activities among women who exchange sex. (8 points)
- Demonstrates ability to reach 300 women who exchange sex based on local estimates of the population size. (10 points)
- Demonstrates willingness and ability to maintain or develop partnerships with organizations or academic institutions who have worked with women who exchange sex. (10 points)
- Demonstrates capacity to conduct analysis of bio-behavioral surveillance data and report findings. (8 points)
- Provides a clear staffing plan and project management structure that will be sufficient to achieve the project outputs and outcomes. Provides an organizational chart. (4 points)

Component 2: NHBS BHBAs (40 points)
The extent to which the applicant:

- Demonstrates previous experience with HIV surveillance, research, or programmatic activities among populations overburdened by HIV infections. (6 points)
- Demonstrates willingness and ability to maintain or develop partnerships with local public health authorities, organizations or academic institutions who have worked with local populations overburdened by HIV infections. (7 points)
- Demonstrates experience or willingness to partner with communities to implement HIV prevention. (7 points)

- Demonstrates capacity to conduct analysis of surveillance data and report findings. (7 points)
- Demonstrates ability to procure resources and hire staff quickly. (4 points)
- Provides a clear staffing plan and project management structure that will be sufficient to achieve the project outputs and outcomes. Provides an organizational chart. (5 points)
- Demonstrates the capacity to adhere to HIV data security and confidentiality guidelines as described in the CDC Project Description, including designation of an Overall Responsible Party (ORP). (4 points)

Budget **Maximum Points:** 0

The extent to which the budget is reasonable, clearly itemized and justified, consistent with the intended use of funds and demonstrates the capacity to support the required project activities (refer to Attachments A-N at https://www.cdc.gov/hiv/funding/announcements/ps22-2201/index.html).

c. Phase III Review

CDC may fund out of score and rank order. The following factors may affect the funding decisions:

For Component 1: Required Core NHBS

- Available fiscal year funding may limit the number of awards made each year.
- Applicants will be funded in order of the number of HIV infections diagnosed during the 3-year time period 2017-2019 reported to CDC in the target MSA/Division. A list of these rankings can be accessed at https://www.cdc.gov/hiv/funding/announcements/ps22-2201/index.html. Applicants with a higher number of diagnoses will be funded over applicants with a higher rank score.
- The need for geographic diversity may also affect the final funding decisions. CDC will provide justification if geographic diversity affects the funding decision.
- Ability to conduct HIV testing anonymously should be described. Applicants who are unable to conduct HIV testing anonymously will not be considered for this Component.

Recipients of Component 1 who apply for one or both of the Optional Populations will be funded based on the following factors:
For conducting NHBS among transgender women (NHBS-Trans):

- Available funding may limit the number of awards.
- Funding preference will be given to applicants with previous experience conducting NHBS-Trans. Applicants with previous experience will be funded over applicants with a higher rank score.
- The need for geographic diversity may also affect the final funding decision. CDC will provide justification if geographic diversity affects the decision to fund out of rank order.

For conducting NHBS among women who exchange sex (NHBS-WES):

- Available funding may limit the number of awards.

- The need for geographic diversity may also affect the final funding decision. CDC will provide justification if geographic diversity affects the decision to fund out of rank order.

Recipients of Component 1 who apply for one or both of the Optional Activities will be funded based on the following factors:
For conducting anonymous STI testing:

- Available funding may limit the number of awards.
- Recipients will be funded in order of the number of HIV infections diagnosed during the 3-year time period 2017-2019 reported to CDC. For Component 1, this will be MSA/Division-level data. A list of these rankings can be accessed at https://www.cdc.gov/hiv/funding/announcements/ps22-2201/index.html.
- Ability to conduct STI testing anonymously should be described. Applicants who are unable to conduct STI testing anonymously will not be considered for this Optional Activity.
- The need for geographic diversity may also affect the final funding decision. CDC will provide justification if geographic diversity affects the funding decision.

For conducting anonymous viral hepatitis testing:

- Available funding may limit the number of awards.
- Recipients will be funded in order of the number of HIV infections diagnosed during the 3-year time period 2017-2019 reported to CDC. For Component 1, this will be MSA/Division-level data. A list of these rankings can be accessed at https://www.cdc.gov/hiv/funding/announcements/ps22-2201/index.html.
- Ability to conduct viral hepatitis testing anonymously should be described. Applicants who are unable to conduct viral hepatitis testing anonymously will not be considered for this Optional Activity.

For Component 2: Required NHBS BHBAs

- Available funding may limit the number of awards.
- Funding preference will be given to states in the South census region. A list of these states can be accessed at https://www.cdc.gov/hiv/funding/announcements/ps22-2201/index.html. Applicants from the South will be funded over applicants with a higher rank score.
- Ability to conduct HIV testing anonymously should be described. Applicants who are unable to conduct HIV testing anonymously will not be considered for this Component.

Recipients of Component 2 who apply for one or both of the Optional Activities will be funded based on the following factors:
For conducting anonymous STI testing:

- Available funding may limit the number of awards.
- Recipients will be funded in order of the number of HIV infections diagnosed during the 3-year time period 2017-2019 reported to CDC. For Component 2, this will be state-level data. A list of these rankings can be accessed at https://www.cdc.gov/hiv/funding/announcements/ps22-2201/index.html.

- Ability to conduct STI testing anonymously should be described. Applicants who are unable to conduct STI testing anonymously will not be considered for this Optional Activity.
- For selection in Component 2, determination of priority populations may affect funding decisions in accordance with CDC screening recommendations for bacterial STIs. The need for geographic diversity may also affect the final funding decisions. CDC will provide justification if priority populations or geographic diversity affect the funding decisions.

For conducting anonymous viral hepatitis testing:

- Available funding may limit the number of awards.
- Recipients will be funded in order of the number of HIV infections diagnosed during the 3-year time period 2017-2019 reported to CDC. For Component 2, this will be state-level data. A list of these rankings can be accessed at https://www.cdc.gov/hiv/funding/announcements/ps22-2201/index.html.
- Ability to conduct viral hepatitis testing anonymously should be described. Applicants who are unable to conduct viral hepatitis testing anonymously will not be considered for this Optional Activity.
- For selection in Component 2, determination of priority populations may affect funding decisions in accordance with CDC screening recommendations for viral hepatitis. CDC will provide justification if priority populations affect the funding decision.

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Anticipated award date is January 1, 2022. Successful applicants will be notified by Notice of Award.

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

The following Administrative Requirements (AR) apply to this project:

Generally applicable ARs:
- AR-4: HIV/AIDS Confidentiality Provisions
- AR-5: HIV Program Review Panel Requirements
- AR-6: Patient Care
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act Requirements
- AR-25: Data Management and Access
- AR-27: Conference Disclaimer and Use of Logos
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern
- AR-34: Language Access for Persons with Limited English Proficiency

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the "Agency Contacts" section of the NOFO copying the CDC Project Officer.

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)
With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets

• The frequency that performance data are to be collected.

• How performance data will be reported.

• How quality of performance data will be assured.

• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).

• Dissemination channels and audiences.

• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).

• The frequency that evaluations will be conducted.

• How evaluation reports will be published on a publically available website.

• How evaluation findings will be used to ensure continuous quality and program improvement.

• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).

• Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

The recipient must submit the Annual Performance Report via https://www.grantsolutions.gov 120 days prior to the end of the budget period.

- **Data Uses**
    - Recipients must report a list of all data uses. The list should include: all conference presentations (author(s), title, forum, date); presentations to health departments, CBOs, and other community partners (author(s), title, forum, date); citations for publications in journals and other reports (e.g., factsheets, epidemiologic profiles); policies, recommendations, programs, guidelines and other, that were developed as a result of NHBS findings; and media coverage that uses NHBS data sources from any cycle. Include a status update on all recipient-developed recommendations made to state and local collaborators.

c. Performance Measure Reporting (optional)
CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.

- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the period of performance, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

- A list of all data uses. The list should include: all conference presentations (author(s), title, forum, date); presentations to health departments, CBOs, and other community partners (author(s), title, forum, date); citations for publications in journals and other reports (e.g., factsheets, epidemiologic profiles); policies, recommendations, programs, guidelines and other, that were developed as a result of NHBS findings; and media coverage that uses NHBS data sources from any cycle. Include a status update on all recommendations made to state and local collaborators.

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Kathryn
Last Name:
Lee
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
1600 Clifton Rd NE, MS US8-4
Atlanta, GA 30329

Telephone:
(404) 639-6110
Email:
NHBS@cdc.gov

Grants Management Office Information

For **financial, awards management, or budget assistance,** contact:

First Name:
Edna
Last Name:
Green
Grants Management Specialist

Department of Health and Human Services
Office of Grants Services

Address:
4770 Buford Hwy MS TV-2
Atlanta, GA 30341

Telephone:
(770)488-2858

Email:
egreen@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Resumes / CVs

Position descriptions

Letters of Support

Organization Charts

Indirect Cost Rate, if applicable

Bona Fide Agent status documentation, if applicable

- Certification Statement with the "Security and Confidentiality Standards for Public Health Data and Designation of Overall Responsible Party (ORP)" available at https://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf.

Additional information on NHBS is available at http://www.cdc.gov/hiv/statistics/systems/nhbs/index.html

References listed in Background Section:
[1] Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2014–2018. HIV Surveillance Supplemental Report 2020;25(No. 1). http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2020. Accessed September 29, 2020.
[2] Centers for Disease Control and Prevention. HIV Surveillance Report, 2018 (Updated); vol. 31.
http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2020. Accessed September 29, 2020.
[3] Fauci AS, Redfield RR, Sigounas G, Weahkee MD, Giroir BP. End the HIV epidemic: a plan for the United States. JAMA 2019;321:844-845.
[4] CDC. High-Impact HIV prevention: CDC's approach to reducing HIV infections in the United States. https://www.cdc.gov/hiv/policies/hip/hip.html. Accessed April 2, 2021.
[5] Gallagher KM, Denning PD, Allen DR, Nakashima AK, Sullivan PS. Use of Rapid Behavioral Assessments to Determine the Prevalence of HIV Risk Behaviors in High-Risk Populations. Public Health Rep. 2007; 122(Suppl 1): 56-62.

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements**(ARs):** Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings: A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

Assistance Listings Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the period of performance. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants/additionalrequirements /index.html.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount. Memorandum of Understanding (MOU) or Memorandum of Agreement**(MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and

obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs. **Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.